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**CONFIRMATION NO. 2728**

SERIAL NUMBER 10/617,166	FILING DATE 07/09/2003  RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. YEAR102					
<b>APPLICANTS</b>  Rourke M. Yeakley, Eagle, ID;									
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 100px;">none EK 28 SEP 2005</div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 100px;">none EK 28 SEP 2005</div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED      ** SMALL ENTITY ** ** 10/03/2003									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;">           Foreign Priority claimed  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes               <input checked="" type="checkbox"/> no             </div>           35 USC 119 (a-d) conditions met  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes               <input checked="" type="checkbox"/> no             </div>           Verified and Acknowledged  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">               Examiner's Signature  <i>Frank J. Dykas</i> </div> <div style="width: 45%;">               Mark after Allowance                Initials  <i>ET</i> </div> </div> </td> <td style="width: 10%; vertical-align: top;">           STATE OR             COUNTRY            ID         </td> <td style="width: 10%; vertical-align: top;">           SHEETS             DRAWING            3         </td> <td style="width: 10%; vertical-align: top;">           TOTAL             CLAIMS            17         </td> <td style="width: 15%; vertical-align: top;">           INDEPENDENT             CLAIMS            3         </td> </tr> </table>					Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes               <input checked="" type="checkbox"/> no             </div> 35 USC 119 (a-d) conditions met <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes               <input checked="" type="checkbox"/> no             </div> Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">               Examiner's Signature  <i>Frank J. Dykas</i> </div> <div style="width: 45%;">               Mark after Allowance                Initials  <i>ET</i> </div> </div>	STATE OR  COUNTRY ID	SHEETS  DRAWING 3	TOTAL  CLAIMS 17	INDEPENDENT  CLAIMS 3
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<b>ADDRESS</b> FRANK J. DYKAS DYKAS, SHAVER & NIPPER, LLP PO BOX 877 BOISE , ID 83701-0877									
<b>TITLE</b> Pre-dosed oral liquid medication dispensing system									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;">           FILING FEE             RECEIVED            375         </td> <td style="width: 50%; vertical-align: top;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 35%; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit           </div> </td> </tr> </table>					FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____           </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit           </div>		
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